

Regional Prevention Partnerships

Sustainability: Embedding Prevention Strategies in Vermont Communities

January 10, 2018

TABLE TOPIC SUMMARIES

Table # 1 TOPIC: Adapting to a change in leadership with an existing community partner

"We have a new principal in one of our communities who hasn't taken the time to get to know our work and is providing resistance to making community partnerships. Other partners are meeting with the same resistance. His staff are struggling as we've always had strong relationships and done good work. Have others met this situation with a new guy in charge who is out to make a name for himself casting longtime partnerships to the side? If yes, how have you adapted?"

Challenges

Could be that new leadership wants to bring in new partners & change coalition focus. How to bring the coalition along? All communities are different so there is no template. Some regions have many towns versus regions with established coalitions.

Great relationship-wants hand in everything
Lead (alienating others)
New leadership is not on board as hoped
Engaging new leader

Opportunities

There is more than 1 entrance into a school. Try someone else
Find common ground
Identify and develop new relationships.
Self-inspection-Am I becoming rigid in my work and missing a new opportunity for new partner?
Tagging along with other initiatives
Present/email history of group and work being done-make the case that way.
Relationship building
Give Time to settle into new position
Review/ examine what do you do/offer new partner?
Partner with others as a way to build together

Solutions

Wait it out
Go around the road block!
Find/nurture a new relationship
Consistent presence-show up!
Don't be territorial!
Transition meeting between old and new staff prior to change
Contact existing staff/partners to help with connections introductions
If still a road block, partners with others in the organization to strengthen connection
Sponsor Welcome breakfast to welcome to the community with personal invite by someone they cannot say no to

Table # 2 Topic “Painting the picture” of vaping and other emerging substances

“Use is going up. High schools report that many kids are vaping and there needs to be more information about the harms, aerosol, nicotine, cannabis, and what we don't know yet. Also, how are teachers, schools, parents dealing with this? What are folks using to address this issue in a dynamic way? What prevention steps are we taking now? What is our statewide message/plan? How can we use this experience to be better prepared for the next emerging substance? “

Challenges

Seen as cool by students and youth
VDH does not have posters or messaging

Opportunities

Point person for best practices strategies

Solutions

Shared space for impactful statements
Budget for purchasing devices that show to school staff
Prevention Works-here’s what people are saying and this is the response to them
Good Drive or single place for all resources already created
CADCA-like training, train the trainers (for school and community)

Table #3 Topic Engaging School Staff in RPP strategies

“Engaging schools who are already short staffed and are concerned about “one more thing to do” has been a challenge for some of the SU in our region. Are there strategies or best practices for engaging school staff? What are the requirements of schools who receive the School Based Prevention grants and how does this align with RPP strategies and collaboration? “

Challenges

RPP funds community groups/agencies and SBSA funds schools
Limited Capacity
Accomplishing ATOD goals within other goals of student leadership groups
PFS to RPP changed relationships
RPP strategies were too restrictive. Schools not as interested (ex. Sticker Shock)
Overlap of School-based and RPP strategies if both in community
Some schools relationships better than others
No VKAT/OVX
Collaborate without having to be asked

Opportunities

Seeing how RPP can align with work being done and partner at the schools
Partnering with other businesses that can build in a piece around SUD
Assess what is going on at the school to see overlap or gaps
Bring ideas into other classes (outside the box)
With PFS, developed relationships with schools so reached out then
Campaigns
Genuine relationships were better with PFS. Less restrictive.
Use pre-existing youth leadership groups (i.e. school climate)
Work with guidance counselors/faculty who are already working with youth
Sharing data and surveys i.e. youth assets
Schools want help with facilitating youth groups

Solutions

Inventory of needs and capacity/grants
Empowering more of school groups to impact change with school board. Students getting credit to participate in Getting to Y.
What can be expanded at schools?
Bringing up in civic classes for discussion
ATI based YES program at Burlington HS
RPP strategies opportunity to expand prevention strategies in schools without School-based grants
Find inside champions in school

Table #4 Topic *Communication strategies around lack of perceived risk and harm when and if substances are legal.*

“What are the unique strategies in communicating around legal substances and the perception that if it is legal-what is the harm? The challenge of prevention of marijuana use among youth is a concern with both youth, parents and the public when it seems that legalization is going to happen. How do prevention groups address marijuana and other legal substances as emerging prevention challenges?”

Challenges

Defining “2” “home grown plants –various sizes and how to monitor
Mixed message of medical and recreational. Only drug with dual message
Why voting before commission results?
Determining what information is accurate and what is misinformation
Lack of research around certain substances (i.e. marijuana)
State has not taken the leadership in getting MJ education/campaign awareness. Parent Up is not enough. NH has “keeping MJ away from kids” handouts in their medical dispensaries. We should have something by now too.

Opportunities

Make message re Natural gag response is muted when mixing alcohol and MJ-DANGER
Clarify rules and rips for locking u MJ form kids.
Take time with students to examine data (Getting to Y)
Survey students about perceptions
Gather anecdotal information
Educate the students who are going to education other students
Bring in people with expertise (Physicians) because prevention has a negative stereotype
Education is needed. CURES grant \$ to purchase new curriculum developed out of Colorado (by health teachers)
“Marijuana Education Initiative” MEI
Law enforcement as partners (DRE role play reversal of a parent?)
Use YRBS data brief on MJ and other high risk behaviors

Solutions

Require media guidelines
Replace recreational marijuana with cannabis to include all various forms
Regulating where plants/strains come from
Fact driven and data driven information
Be open and honest about brain development
Use Getting to Y students to communicate data to other students
Bring parents and students together to discuss the issues, perception versus hard data
Bring up topic with youth while they are engaged in other activities (cooking class)
Grantees need flexibility in requirements of using “best practices”. Some of the information and curriculum coming out of states that have legalized that have not be researched. We cannot wait!
Let local communities develop campaigns with local partners if state is not able to do it in a timely manner
YRBS data brief needs to show Q use!

Table #5 Topic Partnering with local health care providers (and pharmacies)

"I know some RPP groups have been successful in engaging their hospital and/or health care provider groups. How did these partnership start? What has been successful in working with "pharmacy community" and providers around RX prevention?"

Challenges

Labor intensive

Getting boxes installed at pharmacies-national chains

Same players at every table

Provider's learning curve around population health

Changes in health insurance policy from one that incentives medical treatment to one that focuses on positive outcomes

Hospital CEO says they are not in the field of SA prevention

Opportunities

Collaboration success in partnering with hospitals in take back box

Collaborating with 3 pharmacies on take back boxes

Rack cards in pharmacies

Co-sponsored with hospitals-Back to school sports physicals-sports bags with 1st aid kits and fun things and positive messages. 250 last year

Letters to prescriber and to families. Collaborative does outreach to clinics. \$800 for 500 bags, \$1200 for components

Engaging leaders at the medical centers which is involved with community partners beyond hospital

Collaborating with blue print coordinator and community health teams

Accountable communities for Health

Presentations at grand rounds

Hospital covering cost of disposal box

Community needs assessment-participate in creating

Food for prevention efforts

Reverse distribution

Medical marketing out of hospital. Annual report,

Solutions

PSAs for drug take back

Providing engaging and informative educational materials

Find Key player and trusted partners

RAP Team in Brattleboro, Dialogue to address challenges

NEVT Regional Hospital-Annual report as example

Table #6 Topic Engaging Law Enforcement in RPP Strategies

“We have had limited success in partnering with Law Enforcement on some of RPP strategies. I would like to learn more about other RRP grantee’s experience engaging Law Enforcement in Sobriety Check Points, Saturation/Party Patrols and/or , Support Training of Drug Recognition Experts.”

Challenges

DRE is difficult to support because of training is limited
Full time officers more difficult to engage because they have funding
DRE staffing, training and education
Check points/saturation patrols
Police are very busy
MJ is a divisive issue

Opportunities

Creative funding brainstorming
Media connections/social media experience
Showing them as valuable partner for prevention
Consistent reporting systems to help with data collection
Meeting of Justice and prevention organizations sponsored by Coalition
Collaborative provided parent education video for parents who accompany youth to required community justice appointments.

Solutions

More rural are more willing to accept \$ and work with RPP
DRE training to collaborate with state
Find out how RPP can support law enforcement
Purchase materials for DRE training that is not covered by LE
Network for LE/help collaborate
Focus on current topics
Expand take back sites
Need to think outside the box for funding ideas
Proactive approaches-help define this and what it means
Update DITEP
SAPST Training
Prevention 101 revamp
Training around public speaking